

22215 DuPont Boulevard P.O. Box 589 Georgetown, DE 19947

P: 302-855-7777 F: 302-854-5397

Fill out and return	n to the Department as soon	as possible. Plea	se print. Da	ate:	
Applicant Name	:				
Name(s) on Deed	l:				
Mailing Address	:				
Physical 911 Add	dress (if different from ab	ove):			
Phone Number:	()	_ Cell Phone/	Emergency Number:	()	
Tax I.D. Number	r (if known):		Is the home in tov	vn limits? □ Yes □ No	
Type of Home:	□Mobile □Modular	/Manufactured	□ 1 Story □	2 Story	
Age of Home:		Is the home	Is the home insured? \square Yes \square No		
**Current County	County Taxes? Yes y law prohibits any building partment will be unable to				
Number of people in the household:		Total gross household income per year: \$			
Repairs Needed.	Please check all applicab	le boxes.			
□Windows	□Bathroom	□Doors	☐ Electrical	□Water/Sewer Hookup	
□Siding	□Kitchen	□Floors	☐ Heat	☐ Handicap Accessibility	
□Roof	□Living Room	□Other			

Disclosure Statement

**If any of the above contact information changes, you are responsible for calling the Department of Community Development & Housing to update your record. If we are unable to contact you when your name comes up, we will not guarantee your spot on the waiting list.